

Iowa Vocational Rehabilitation Services – Referral for Services

Please complete all sections. If you would like assistance with this form, do not hesitate to ask. If you need more space, please use an additional piece of paper.

A. Personal Information:

First Name: Middle/Maiden Name:
Last Name: Preferred Name:
Home Address: City: State: Zip:
County: Home Phone: Cell Phone:
Primary E-Mail: Secondary E-Mail:
Gender Identity: ☐ Male ☐ Female ☐ Do not wish to disclose
Social Security Number: Date of Birth: Age:

Do you have a specific low vision impairment or are you considered legally blind? ☐ No ☐ Yes

Do you require an interpreter? ☐ No ☐ Yes Language:

Preferred Method of Communication: ☐ E-mail ☐ Phone ☐ Video Relay

Permission to Send Text Messages: ☐ No ☐ Yes

Do you have a legal guardian? ☐ No ☐ Yes Name: Phone:

Race: Please check all that apply.

☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American
☐ Asian ☐ American Indian or Alaska Native

Ethnicity: Please check one.

Hispanic or Latino ☐ Yes ☐ No

B. Referral Source:

Who referred you to IVRS? Phone Number:

What is the reason they suggested you apply for services?

C. Contact Information:

Is there someone outside of your household who would usually be able to help us contact you?

First Name: Last Name: Relationship:
Home Address: City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Primary E-Mail: Secondary E-Mail:

Is there a relative who would usually be able to help us contact you?

First Name: Last Name: Relationship:
Home Address: City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Primary E-Mail: Secondary E-Mail:

IVRS Use Only

If low vision question is check “yes” send referral to IDB and notify the individual. If the individual does not want to be referred to IDB, notify him/her that IVRS does not serve this population.

Source of Referral at Application

- ☐ 14(c) Certificate Holders *
- ☐ Adult Education and Literacy Programs *
- ☐ American Indian VR Services Program
- ☐ Centers for Independent Living
- ☐ Child Protective Services
- ☐ Community Rehabilitation Programs
- ☐ Consumer Organizations or Advocacy Groups
- ☐ One-stop Employment/Training Centers (Department of Labor Employment and Training Service Programs for Adults, Dislocated Workers, and Youth)
- ☐ Educational Institutions (elementary/secondary)
- ☐ Educational Institutions (post-secondary)
- ☐ Employers
- ☐ Extended Employment Providers *
- ☐ Faith Based Organizations
- ☐ Family and Friends
- ☐ Intellectual and Developmental Disabilities Providers
- ☐ Medical Health Provider (Public or Private)
- ☐ Mental Health Provider (Public or Private)
- ☐ Public Housing Authority
- ☐ Self-referral
- ☐ Social Security Administration (Disability Determination Service or District Office)
- ☐ State Department of Correction/Juvenile Justice
- ☐ State Employment Service Agency **
- ☐ Temporary Assistance for Needy Families (TANF) *
- ☐ Veteran’s Benefit Administration (which includes VA Vocational Rehabilitation)
- ☐ Veteran’s Health Administration (the VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)
- ☐ Wagner-Peyser Employment Service Program *
- ☐ Welfare Agency (State or local government)
- ☐ Worker’s Compensation
- ☐ Other One-stop Partner *
- ☐ Other Sources
- ☐ Other State Agencies
- ☐ Other VR State Agencies
- ☐ Other WIOA-funded Programs including Job Corps, YouthBuild, Indian and Native Americans, and Migrant and Seasonal Farmworker Programs *

*Do not use until 7/1/17

**Do not use after 6/30/17